

FILED MAR 16 1943

Registration District No. 178

Primary Registration District No. 50-805100

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural West Boone TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Edge of Merwin Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward Larkey

3. (b) If veteran, name war Civil War 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JO Ann Larkey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 20 1843
(Month) (Day) (Year)

8. AGE: Years 99 Months 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Ray Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Larkey
13. Birthplace Unk Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Stout
15. Birthplace Unk Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Perry Larkey
(b) Address Merwin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43
(Month) (Day) (Year)
(c) Place: burial or cremation East Mt. Zion

18. (a) Signature of funeral director Archer S. Mangold
(b) Address Amsterdam

19. (a) 3-3-43 (Date received local registrar) (b) L.A. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1943 hour 10:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from September 1, 1942 to March 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Fractured Femur (Surgical Neck Rt)

Other conditions Sanility

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) DOT
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury DOT
23. Signature W.H. Schubert (M.D. or other) DO.
Address Amoret, Missouri Date signed 3-2-43

Duration 2 wks.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 8 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

L. C. Mangold

Licensed Embalmer No.

2610

P. O. Address

Quilicura Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9483
Registrar's No. _____

Registration District No. 18 Primary Registration District No. 6100

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Edward Farkey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 20 1888
(Month) (Day) (Year)

8. AGE: Years 99 Months 3 Days 1 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____ (City, town, or county) (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I have now _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia

Due to fractured femur

Due to _____

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence February 17, 1943

(c) Where did injury occur? Merwin, Bates, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the Home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature W. A. Schuler, M.D. (M. D. or other)

Address Amoret, Missouri Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY 2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

